United Nations

E/ICEF/2000/P/L.8/Add.1

Economic and Social Council

Distr. Limited
13 July 2000

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2000
18-20 September 2000
Item 3 of the provisional agenda*

Country programme recommendation**

Peru

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2000 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Peru which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $4,418,000 from regular resources, subject to the availability of funds, and $25,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2001 to 2005.

* E/ICEF/2000/14.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

00-53999 (E) 260700

Basic Data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	10.1
USMR (per 1,000 live births)	54
IMR (per 1,000 live births)	43
Underweight (% moderate and severe) (1996)	8
Maternal mortality rate (per 100,000 live births) (1990-1996)	270
Literacy (% male/female) (1995)	96/89
Primary school enrolment/attendance (% net, male/female)	96/96*
Primary school children reaching grade 5 (%) (1998)	87
Access to safe water (%) (1997)	67
Routine EPI vaccines financed by Government (%)	97
GNP per capita (US$)	2,440

One year olds fully immunized against: (1998)	
tuberculosis	96 per cent
diphtheria/pertussis/tetanus	99 per cent
measles	94 per cent
poliomyelitis	99 per cent
Pregnant women immunized against tetanus	

* 1998 Peru National Household Survey.

The situation of children and women

1. The major features of the situation of children and women in the country remain essentially the same as described in the country note submitted to the Executive Board at its first regular session in 2000 (E/ICEF/2000/P/L.8). Since its submission, however, certain events have taken place, and updated information has become available, as highlighted below.

2. After a period of solid economic growth in Peru, the effects of El Niño and the international economic crisis in late 1998 seriously affected the economy of the country. In 1998, growth in gross domestic product fell to 0.5 per cent, but inflation remained under control, at around 3.5 per cent. Between 1997 and 1998, unemployment in metropolitan Lima rose from 8.4 per cent to 9.8 per cent, and underemployment increased from 41.8 to 44.1 per cent. Some 52 per cent of women are underemployed.

3. The country note highlighted that national averages of social and economic indicators have improved considerably. Current social policy is focused on pending goals, and there is a growing consensus that disparities and issues of exclusion/inclusion are key for the further development of the country. Gender disparities are an issue of concern. In education, for example, among children 12 to 17 years of age, girls' attendance is 57 per cent, while that of boys is estimated at 68 per cent. These are national averages, and gender gaps are much greater among rural populations. In 1998, an intersectoral network was developed to promote girls' education, particularly in rural areas. Although a successful pilot programme for integrating disabled children into public schools was recently developed by the Ministry of Education, opportunities for these children remain scarce. This can be attributed, in part, to inadequate information about the rights of the disabled.

4. Child labour has been increasing in tandem with the increase in unemployment. In 1997, 51 per cent of Peruvian children worked. UNICEF and the International Labour Organization/International Programme on the Elimination of Child Labour (ILO/IPEC) jointly promoted and became members of the National Committee for the Eradication of Child

Labour. Child Defence Centres throughout the country are currently working to prevent child labour through the Timely School Enrolment initiative.

5. The Government has submitted two reports to the Committee on the Rights of the Child, the second in 1999. Comments by the Committee were for the most part positive, indicating that good advances are being made in Peru. However, in relation to a 1997 decree stipulating that 16-year-olds could be tried and imprisoned for up to 25 years, the Committee recommended that alternative measures for dealing with adolescents who have broken the law be developed. Another area requiring attention is child registration. The Commission on the Rights of Children and Adolescents, formed by 24 public and private organizations, promotes the participation of children and adolescents in 12 provinces around the country. The Save the Children Alliance and UNICEF work closely, as members of this Commission and of a separate committee, which gives annual awards to defenders of children's rights.

6. Government efforts to address the rights of excluded children, adolescents and women are enhanced by actions of a rights-conscious civil society and community-based organizations. These organizations play a vital role in laying a foundation for the decentralization of basic social services. The business community is also becoming active in promoting children's rights.

7. Natural disasters are a growing concern in Peru. El Niño and earthquakes have demonstrated the need to strengthen emergency services for children and adolescents at the national, regional and local levels.

Programme cooperation, 1996-2000

8. The Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, the National Plan to Fight Poverty, and the National Plan of Action for Children (NPA) provided the framework for the 1996-2000 country programme, which focused on promoting implementation of the Code for Children and Adolescents, achieving NPA goals, and targeting populations living in extreme poverty. The country programme originally followed a sectoral approach. After the 1998 mid-term review, through consultations with the Government and other partners, a more integrated rights-based approach was adopted, focusing on development of inclusive public policies to reach excluded population groups.

9. UNICEF has a long tradition of working with women's groups in poor communities, helping them to forge links with the Ministry of Health. Local health committees and oral rehydration salt centres managed by women have been formed; the latter have been crucial in combating childhood diarrhoeal diseases. UNICEF provided technical assistance to community and government counterparts for the development of information, education and communication (IEC) campaigns, supporting national vaccination days. Local health committees have played an important role in identifying and reaching non-immunized children, resulting in increased immunization rates. Support has also been provided to the Ministry of Health immunization strategy for dispersed populations, with outreach brigades being sent to areas of low coverage. With the support of the Pan American Health Organization/World Health Organization (PAHO/WHO) and UNICEF, the Ministry has been adapting the Integrated Management of Childhood Illnesses (IMCI) initiative to the situation in Peru. WHO/PAHO concentrates efforts on training assistance for health service workers, while UNICEF supports the Ministry and community groups to make the strategy more community based and demand driven. Participatory activities have been successfully developed with adolescents in the area of prevention of HIV/AIDS, using peer education strategies.

10. Despite a considerable increase in the number of health services and obstetric personnel in many indigenous regions, up to 90 per cent of women in these areas give birth at home, resulting in high maternal mortality. This is primarily because of cultural, economic and distance factors, and differences between culturally perceived needs for childbearing and what is offered by the clinics. To help address the cultural issues, UNICEF provided technical assistance to health centre personnel and traditional birth attendants (TBAs) in order to adapt the services to local child-bearing traditions and encourage pregnant women to go to health centres. In addition, a baseline methodology was developed. With the help of TBAs, households with pregnant women are registered, and detailed maps are produced so that health centres can monitor pregnancies and childbearing in their

communities. TBAs are trained to assist women who prefer not to attend public health facilities, so that they are able to give birth more safely in their homes, which is part of public policy to reduce maternal mortality.

11. To overcome economic barriers to inclusion, UNICEF supported the Ministry of Health in promoting the Mother-Child Insurance Scheme, which has attracted the interest of the Inter-American Development Bank (IDB) and the World Bank. It is designed to provide free, culturally relevant pre- and post-natal care, including guidance in nutritional and early childhood stimulation for mothers and children up to three years of age. As regards the distance factor, the *Casa de Espera* (Waiting Home) initiative encourages communities near health centres to make rooms available to pregnant women from distant communities. In areas where these mechanisms for inclusion have been introduced, institutional births have increased and infant deaths, half of which result from complications during childbirth, have been reduced.

12. An important achievement in the UNICEF-supported nutrition project has been the elimination of iodine deficiency disorders (IDD), which are most severe in certain areas of the Andes. Traditional salt production from pre-Incan times has been adapted to new technologies, and producers have been trained in small business management, finance and marketing. Community mobilization and information campaigns have underscored the importance of iodized salt production and consumption. To ensure sustainability, a nationwide iodized salt monitoring and surveillance network has been developed. Peru has been certified as free of IDD as a public health problem. Important progress has also been made in the Good Start project, implemented with the United States Agency for International Development (USAID) in four target regions, which promotes a conceptual framework for healthy growth and development of children under three years of age as a preventive, home-based activity, using communication to raise awareness of the importance of nutrition and early intellectual stimulation.

13. Within the framework of the Ministry of Education programme to improve the quality of education, which is supported by the World Bank, IDB and the German Agency for Technical Cooperation (GTZ), UNICEF provided technical assistance to a new curriculum proposal centred on basic learning achievements and group work in 27,000 schools. To improve rural school administration and quality of education, networks were formed in three of Peru's poorest departments. As a result of the "Opening of Doors" project, also supported by USAID, teachers are now being trained and organized into clusters and "inter-learning" groups, with active community participation. UNICEF also supported the Timely School Enrolment initiative, which seeks to involve all children, including those with non-severe disabilities.

14. Women's groups and Child Defence Centres identify children who should be enrolled in school, encouraging them to start school at the appropriate age, which is key for lowering early drop-out rates and preventing child labour. These actions have already led to the enrolment of 70,000 children. To further strengthen the initiative, adolescents with an interest in working for their community participate in the initiative by providing complementary opportunities for children with learning difficulties.

15. UNICEF supported the creation and strengthening of networks to combat child abuse, as well as approximately 1,200 Child Defence Centres, as mechanisms to encourage community participation in the promotion and defence of children's rights. To date, the centres have processed more than 300,000 cases of rights violations and served as models for the extra-judicial resolution of conflicts. UNICEF supports training for the adaptation of the Convention on the Rights of the Child in public services, including the judiciary and the Attorney General's Office. A culturally appropriate civil registry system for automatic birth registration is also being implemented. This is an especially sensitive issue for the indigenous population of the Amazon region. Programmes to identify and assist child victims of violence and abuse in hospitals have also been established with UNICEF support.

16. In the area of social policies, UNICEF supported surveys and studies to shed light on social exclusion and disparities, and to prepare maps for public policy interventions in regions with high rates of exclusion. UNICEF also provided support to Congress in adapting legislation to ensure respect for the rights of children and women, including adoption of legislation on maternity leave and strengthened laws against rapists. Progress was made in building strategic alliances with Child Friendly Mayors, the private sector and the media, through development of a shared vision for children.

Recommended programme cooperation, 2001-2005

Estimated annual expenditure

(In thousands of United States dollars)

	2001	2002	2003	2004	2005	Total
Regular resources						
Initiatives for social inclusion	489	504	519	534	551	2 597
Promotion and monitoring of rights	193	179	164	151	134	821
Cross-sectoral costs	200	200	200	200	200	1 000
Subtotal	**882**	**883**	**883**	**885**	**885**	**4 418**
Other resources						
Initiatives for social inclusion	2 530	3 430	3 920	3 560	3 160	16 600
Promotion and monitoring of rights	970	1 680	2 110	1 970	1 670	8 400
Subtotal	**3 500**	**5 110**	**6 030**	**5 530**	**4 830**	**25 000**
Total	**4 382**	**5 993**	**6 913**	**6 415**	**5 715**	**9 418**

Lessons learned from past cooperation

17. The lessons learned remain essentially the same as those described in the country note. Programme implementation has shown that active community-level participation plays a key role in social development in Fatu. Women's and other community-based groups working in partnership with the service establishments provide key mechanisms for inclusion. The Local Health Administration Committees (CLAS) demonstrate the ability of civil society to play an active role in the management of services and their effectiveness in improving social indicators and inclusion at the local level. The immunization campaigns and the Timely School Enrolment initiative have shown that, to reach excluded children and families, it is necessary to seek them out in the communities.

18. To develop a culture of rights, sensitive rights-based institutions — both private and public — are necessary. National, regional and local governments must actively participate in promoting the protection and respect for children's and women's rights so that the country's diverse population can demand a respect of rights at the community level.

Country programme preparation process

19. A series of consultations with government representatives, United Nations agencies, adolescents, women and the private sector began in January 1998, in partnership with the Coordination Committee, which is the UNICEF government counterpart. These consultations led to the mid-term review conducted in June 1998, which provided a valuable opportunity to examine lessons learned about reaching socially excluded populations, to more clearly define the role of UNICEF and to emphasize unmet goals for the year 2000. This process of partnership and strategic alliance-building continued into the preparation of the phase of strategy development and the country note. The proposed country programme builds on lessons learned from the current country programme and on the Common Country Assessment (CCA). The elaboration of the United Nations Development Assistance Framework (UNDAF) is currently under way, and therefore could not serve as a reference for the proposed programme.

Country programme goals and objectives

20. The overall goal of the 2001-2005 country programme is to contribute to the development and implementation of equitable and inclusive public policies to promote and sustain the rights of children, adolescents and women, with full respect for diversity. The country programme has two primary components: the initiatives for social inclusion programme, which aims to promote the development of strategic interventions, with an emphasis on equitable access to quality, culturally relevant health care, early childhood care for survival, growth and development (ECC-SGD), the exercise of citizens' rights, and adolescent participation; and the promotion and monitoring of rights programme, which will operate in synergy with the first programme, but at the national level, to strengthen access to information, knowledge, commitment and participation of families, children, communities, institutions, decision makers, the private sector, media and government authorities, to establish inclusive public policies for the realization of children's and women's rights.

Relation to national and international priorities

21. The country programme has been developed within the framework of the Government's social policy priorities, which include the National Strategy against Extreme Poverty, the NPA for Children and the National Plan of Action for Equality among Men and Women. Programme priorities have also been defined taking into account the Government's report to the Committee on the Rights of the Child and resulting Committee observations; a report on the implementation of the Beijing Declaration and Platform for Action; and evaluations of the NPA for Children. It builds upon the overall priorities of UNICEF and the medium-term plan for 1998-2001.

22. The preparation of the CCA was an excellent opportunity to collaborate with other United Nations agencies to develop a common understanding of children's and women's rights in Peru. UNICEF is an active member of the technical drafting committee for the UNDAF, which will be completed by the last quarter of 2000, with a common framework based on these rights. UNICEF also participated in consultations with indigenous populations, supported by the World Bank; workshops promoted by the private sector seeking a vision of Peru for 2021; and the first and second Poverty Forums, organized by bilateral and multilateral agencies, government entities and civil society organizations to discuss poverty alleviation. All these initiatives have had an impact on the definition of country programme priorities.

Programme strategy

23. The main features of the programme strategy remain as described in the country note. The country programme will assist in reaching extremely poor and excluded children and women in the Andes, the Amazon and peri-urban locations, and in promoting and developing public policies required for their inclusion. It will assist in identification of the causes of exclusion in each of these diverse areas, supporting local and national actors to develop mechanisms for social inclusion. The programme addresses the promotion and exercise of the rights of children and adolescents from a child-centred perspective, directly related to the environment in which they grow and develop, that is, the family, the school and the community. The country programme will place emphasis on local-level empowerment and broad partnership, build bridges between sectors and agents, and actively promote intersectoral and inter-institutional networks. It will also promote the strengthening of institutional capacity, cultural adaptation of services, gender equity and community organizations. The programme includes advocacy, social mobilization and technical cooperation, and follows an all-embracing approach focusing on social inclusion, with a strong community-based strategy.

24. The promotion and exercise of the rights of children, adolescents and women in excluded populations require integrated efforts at the local and national levels. Specific local or national interventions in one project will benefit and strengthen other projects and, ultimately, overall programme objectives. To this end, the two country programme areas are interrelated in order to maximize impact and efficiency. They contain significant advocacy, social mobilization, monitoring and evaluation components. These activities will be financed almost entirely from regular resources, while the main part of the local initiatives programme will be financed by other resources.

25. The *initiatives for social inclusion programme* will build on experiences from the Andean and Amazon subregional programmes in identifying mechanisms of exclusion and how to overcome them. It will promote the development of strategic interventions, with emphasis on equitable access to health care, ECC-SGD, exercising the rights of citizenship, and adolescent participation. Particular focus will be placed on development of national and local capacities to enact legislation based on the two Conventions, elimination of barriers of access to services, and empowerment of local government, civil society and community members to promote decentralization and active participation in the realization of rights. It will be developed in select departments of the Andes and Amazon, and in poor urban areas. The programme consists of five projects.

26. Safe motherhood interventions will focus on the cultural adaptation of services and the empowerment of women, families and communities with knowledge and shared responsibility in prenatal and postnatal care. It will aim to reduce maternal mortality in the selected areas to a rate equal to or lower than 150 per 100,000 live births by the year 2005. This will be done through a number of activities, including improvement of capacity in maternal health centres, establishment of community groups to support maternal security, training of community health agents in healthful deliveries, recognition of obstetric emergencies, and involvement of communities near health centres, providing *Casas de Espera* for pregnant women. This project will build on the strategies initiated during the previous programme of cooperation.

27. To ensure that at least 30 per cent of children under three years of age have access to integral care by the end of the country programme, ECC-SGD initiatives will focus on several areas, including promotion of growth monitoring and nurturing, and intellectual stimulation in day-care centres. A system of automatic birth registration will be developed. Strategies will promote the integral care of children, including health, nutrition and psychosocial development, with the participation of mothers and fathers.

28. Basic education initiatives will promote the inclusion of all children, especially rural girls, in quality, culturally and linguistically relevant schools, with improved basic learning conditions. The focus will be on multi-grade primary schools. The project seeks to increase by 20 per cent the performance of 10-year-olds on standardized basic tests and to increase by 15 per cent the rate of primary school completion. This will be achieved by building capacity to guarantee the cultural pertinence of education, committing stakeholders to assess educational performance in the poorest communities, and supporting the formation of teacher and school networks. Working with the education sector, UNICEF will support advocacy efforts to raise awareness of parents, teachers, children and communities about the needs of handicapped children, and the need for their social inclusion.

29. The adolescent participation project will work towards a 30 per cent increase in participation of adolescents in organized social development activities and decision-making. This will include the prevention of adolescent pregnancy, sexually transmitted diseases and HIV/AIDS. Particular focus will be on socially excluded adolescents, including a number of activities, such as the promotion of adolescent self-expression.

30. The project for protection of the rights of children and adolescents will work to increase by 30 per cent the number of children and adolescents with access to quality services that support the prevention and resolution of conflicts and provide assistance when rights are violated. The project will also work to develop a rural Child Defence Centre model, with teachers and staff empowered to identify children at risk. The creation of permanent response teams at the central level will also be fostered. The successful cultural adaptation of the national registry system will continue in the Amazon and Andean regions, and efforts will be made to promote the eradication of extreme forms of child labour. Finally, work will be done to improve emergency preparedness and mitigate negative impacts of structural vulnerability brought about by poverty. Child Defence Centres will prevent family separation and child and adolescent migration.

31. Implementation of the *promotion and monitoring of rights programme* requires enhanced partnership with national and local decision makers, community groups, universities, private enterprise, churches, the media and United Nations agencies to strengthen social and economic policies that favour children. It will also, in a complementary manner, work to create strengthened policies for local-level changes occurring, and will provide support to the initiative for social inclusion programme. The rights programme includes three projects.

Monitoring and evaluation

35. In the context of the five-year integrated monitoring and evaluation plan (IMEP), an assessment of the programme will be undertaken with an emphasis on reduction of maternal, perinatal and infant mortality, chronic malnutrition and school drop-out rates, and improvement of educational quality, ECC-SGD and adolescent participation. Emphasis will be placed on participatory monitoring and evaluation mechanisms. Geo-coding systems and sentinel sites with control groups will be used to plan, measure and verify indicators. Other data-gathering methods will include government and national-level household surveys.

36. Country programme progress will be evaluated against baseline information drawn from the 2001 Population and Housing Census, local and regional administrative data and studies, and national surveys such as the National Family Health and Demographic Survey, the annual Household Survey, and the Second Census of Indigenous Communities in the Amazon. In accordance with the 2001-2005 IMEP, the main evaluation milestones will be the annual and the mid-term reviews, in which all programmes will be reviewed.

37. The Coordination Committee of government counterparts will oversee the preparation and implementation of the monitoring and evaluation plan at the national level. Local Coordinating Committees will also develop annual monitoring and evaluation plans. In addition to the mid-term review process, there will be an annual evaluation of the monitoring and evaluation plan and lessons learned, in conjunction with the annual review of the country programme. Reviews will be planned with the active participation of beneficiaries, counterparts, partners and other United Nations agencies. Adolescents will be included in planning, monitoring, assessment and analysis, through the National Commission for Children and Adolescent Rights. Within UNICEF, project officers will participate in the design and implementation of monitoring and evaluation activities.

Collaboration with partners

18. UNICEF is active in most United Nations theme groups and chairs those on adolescents and HIV/AIDS, both of which provide opportunity for multisectoral programming among agencies, together with WHO/PAHO and the United Nations Population Fund (UNFPA). UNICEF formed an Integrated Health Coordination Committee, providing concerted support to safe motherhood. The UNICEF country programme cycle coincides with that of the United Nations Development Programme and UNFPA. Existing partnerships with bilateral and multilateral agencies (e.g. USAID (nutrition, rural education of the poor), the Canadian International Development Agency (integrated rights-based programme support), the Swedish International Development Agency (child rights), the Department for International Development of the United Kingdom (rights), the World Bank and IDB as well as with non-governmental organizations, will be strengthened. The success of the country programme with its emphasis on development of innovative public policies and cultural adaptation of intervention requires strong partnership relationships will be fostered with central and local governments, Congress, the judiciary, the Attorney General's Office, private sector entities, civil society organizations, families and children. Close linkages will be developed with the National Commission for Child and Adolescent Rights, the Network for the Prevention of Child Abuse, Child Defence Centres, the National Multisectoral Committee on Family Violence, the Girls' Education Network, the National Poverty Forum, and the Peruvian Press Council. Work with private sector enterprises will centre on a shared national vision for a future where development begins with children.

19. Community-based organizations have great impact on linking families in communities, and also those that are excluded, with the services they lack, making them aware of their rights to access. Community-level partners include women's committees, community kitchens, "A Glass of Milk", mothers' clubs, federations, unions, parent-teacher associations, soccer clubs, the Catholic Church, health promoters and TBAs. In the Amazon region, partners include the Association of Indigenous Populations, the Inter-Ethnic Association for the Development of the Amazon, the Aguaruna-Huambisa Council, and the Organization of Indigenous Peoples of the Peruvian Amazon, which represents 65 ethnic groups.

Programme management

20. The country programme is managed by the Coordinator – Coordinator, Country Programme, representatives of the Ministries of Health, Education, Women and Human Development, Economy and Finance and the Technical Secretariat for Intersectoral Coordination in the Prime Minister's Office. The Coordinator meets every six weeks and is responsible for country programme planning, monitoring and evaluation. It provides an intersectoral forum to address child rights. At the local level, in each area of programme implementation, there will be a Coordinating Committee responsible for planning, monitoring and implementation. It will be represented by local authorities, community representatives and women's personnel in respective areas, and will work in partnership with central and regional authorities to support the development of projects for excluded populations.

21. The Management Evaluation Programme has laid the groundwork for the country programme. It requires good managerial skills and teamwork among staff. Project officers will have a dual role, as coordinators and as area managers, responsible for the technical design and content of activities related to their area of expertise, as well as for the overall management of activities developed in a specific geographic area of intervention. Both functions will require a close working relationship with the respective ministries as well as with local authorities, for the formulation of public policy. This structure will facilitate multisectoral interventions and will provide inputs for national-level promotion of rights. Cross-sectoral issues will cover the support of staff in the areas of information technology and audio-visual production, as well as a programme assistant. This is a new approach for UNICEF and innovative working methods will be a challenge for UNICEF staff and their partners.

Chapter I Title
Programme 2000-2001

OUTLINE OF PROGRAMME BUDGET AND STAFF/MILESTONE COSTS

PROGRAMME DELIVERABLES AND OVERALL COSTS	PROGRAMME BUDGET			POSTS (a)										STAFF COSTS (b)		
	RR	XB	XBR	TOTAL	D-2/D-1	P-5	P-4	P-3	P-2/1	GS	NPT	SS	TOTAL	RR	XB	XBR
REGULAR BUDGET:																
PROMOTION & MONITORING OF RIGHTS INITIATIVES FOR SOCIAL INCLUSION (BOTH SECTORAL & OVERALL SUPPORT COSTS)	831,000 2,547,000 3,000,000			831,000 2,547,000 3,000,000	0 0 0	0 0 0	0 0 0	0 1 1	0 0 0	0 0 0	0 1 1	0 0 0	0 2 2	0 725,437 0	0 1,445,844 660,282	0 2,734,000 660,282
TOTAL RR	6,378,000			6,378,000	0	0	0	1	0	0	1	0	4	725,437	2,106,126	3,394,282
OTHER RESOURCES:																
PROMOTION & MONITORING OF RIGHTS INITIATIVES FOR SOCIAL INCLUSION		XB XBR	5,625,000 16,625,000	5,625,000 16,625,000	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	309,375 891,750 2,731,000	309,375 891,750 2,731,000
TOTAL OR		XB XBR	22,250,000	22,250,000	0	0	0	0	0	0	0	0	0	0	3,932,125	3,932,125
TOTAL RR & OR	6,378,000	XB XBR	22,250,000	28,628,000	0	0	0	1	0	0	1	0	4	725,437	5,425,001	6,326,407
SUPPORT BUDGET		Operating costs Staffing	1,709,470		0	0	1	1	0	0	2	0	3	1,617,534	3,380,567	4,941,913
GRAND TOTAL (RR + OR + SB)					0	0	1	2	0	0	3	0	7	2,342,971	8,805,568	11,268,320
	Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (including SB)				0 0	0 0	1 1	2 2	0 0	0 0	3 3	0 0	7 7	2,342,971	8,725,585	11,267,556

RR = regular resources.
OR = other resources.
FOR = Funded other resources.
NFR = new other resources.
IP = International Professional.
NP = National Professional.
GS = General Service.
SS = support budget.

a/ Each post, regardless of its funding source, supports the country programme on a whole.
b/ Includes temporary assistance and overtime.